PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 10/22/2004 21171 7590 STAAS & HALSEY LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. **SUITE 700** 1201 NEW YORK AVENUE, N.W.

WASHINGTON, DC 20005 01/04/2005 HLE444 00000088 09976034

01 FC:1501 02 FC:1504

1400.00 OP

300.00 OP

(Depositor's name (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/976 034	10/15/2001	Woo-sik Form	1203 1268	1504	

TITLE OF INVENTION: METHOD FOR OVERWRITING DATA IN LINKING LOSS AREA-DATA IN LINKING LOSS AREA METHOD OF MODIFYING IDENTIFICATION

					· · · · · · · · · · · · · · · · · · ·	,	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional NO EXAMINER PATEL, GAUTAM		S1370 1400		\$300	\$1610 00	01/24/2005	
		ART UNIT		CLASS-SUBCLASS] ****.		
		2655		369-275100	,		
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	tion (or "Fee Address" Indica or more recent) attached. Use D RESIDENCE DATA TO B	Correspondence ation form e of a Customer	(1) the na or agents (2) the na registered 2 registered listed, no other than the parent of the pare	ating on the patent front page, limes of up to 3 registered pater OR, alternatively, me of a single firm (having as attorney or agent) and the named patent attorneys or agents. If name will be printed. If (print or type) The patent of the patent. If an assign for filing an assignment.	a member a a less of up to no name is 3	& HALSEY, LLP	
(A) NAME OF ASSIGN	_	(B)) RESIDENC	for filing an assignment. CE: (CITY and STATE OR CO STATE OR CO	UNTRY)		
Please check the appropriate	e assignee category or catego	ries (will not be pri	nted on the p	patent): 🗖 Individual 🕰C	orporation or other private gr	roup entity Government	
4a. The following fee(s) are	enclosed:	4b.	. Payment of	Fee(s):			
☑ Issue Fee☑ Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed.				
			Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # o	f Copies		The Direction Deposit Acc	ector is hereby authorized by count Number 19-3935	harge the required fee(s), or (enclose an extra o	credit any overpayment, to copy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See is requested to apply the Issu	e) 37 CFR 1.27.	b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 C	CFR 1.27(g)(2).	
NOTE: The Issue Fee and P interest as shown by the rec	Publication Fee (if required) vords of the United States Pate	will not be accepted ent and Trademark	from anyone Office.	ny) or to re-apply any previousle other than the applicant; a reg	istered attorney or agent; or t	he assignee or other party in	
Authorized Signature	M	44-8	<u></u>	Date	3,200.		
Typed or printed name _	Gene M. Garn	er, II		Registration	No. 34,172	-	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.